National Aeronautics and
Space Administration

Lyndon B. Johnson Space Center
White Sands Test Facility
P.O. Box 20
Las Cruces, NM 88004-0020

June 16, 2005

Reply to Attn of: RC-E05-040

TRI Data Processing Center
c/o Computer Sciences Corporation
Attn: TRI Magnetic Media Submission
8400 Corporation Drive, Suite 300
Landover, MD 20785-2294

Subject: NASA White Sands Test Facility (WSTF) 2004 Toxic Chemical Release Inventory

The NASA White Sands Test Facility (WSTF) is submitting the 2004 toxic chemical release inventory data as required under Section 313, Title III, of SARA and the Pollution Prevention Act of 1990. Enclosure 1 provides the signatory certification statement. Enclosure 2 is a disk containing toxic chemical release reporting data for WSTF, TRI Facility ID #88004-NSJHN-14MIL. NASA is submitting a report for the following chemicals:

Chemical Name	CAS Number
Methyl hydrazine	60-34-4
Lead	7439-92-1

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in these reports are accurate based on reasonable estimates using data available to the preparers of the reports. If you have any questions or comments concerning this submittal, please call Tim Davis of my staff at 505–524–5024.

Radel Bunker-Farrah
Environmental Program Manager

2 Enclosures

cc:
New Mexico Office of Emergency Management
Attn: Mr. Don Shainin
P.O. Box 1628
Santa Fe, NM 87507-1628
bcc:
HQ/JE/S. Higuchi
HTSI Team/P. H. Pache

RC/RBunker-Farrah:btm:6/16/05:5733
S:\wstfgrp\environ\nasaport\Signed Transmission Letters\ TRILTR2004.doc

Signature Certification for U.S. EPA Diskette Submission

DISK

NASA WHITE SANDS TEST FACILITY
P.O. BOX 20
LAS CRUCES, NM 88004
88004NSJHN14MIL

June 10, 2005

TRI Data Processing Center
c/o Computer Sciences Corportation
Suite 300
8400 Corporate Drive
Landover, MD 20785

(301) 429-5005

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY

This information is submitted as required under section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of 2 chemical report(s) for our facility.

These 2 chemical report(s) are described below:

TRI Chemical or Chemical Category	Reporting Year	CAS Number	Report
Lead	2004	7439-92-1	Form R
Methyl hydrazine	2004	60-34-4	Form R

Our technical point of contact is:

RADEL BUNKER-FARRAH
(505) 524-5733
RBUNKER@WSTF.NASA.GOV

and is available should any questions or problems arise in the processing of this diskette.

If the enclosed diskette contains one or more Form R chemicals, then I hereby certify that I have reviewed the enclosed documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report(s) are accurate based on reasonable estimates using data available to the preparers of this report(s).

If the enclosed diskette contains one or more Form A chemicals, then I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the Form A statement, the annual reportable amount as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Sincerely,

for RADEL BUNKER-FARRAH
ENVIRONMENTAL PROGRAM MANAGER

Enclosure: Diskette

Signature Certification for State Diskette Submission

DISK

NASA WHITE SANDS TEST FACILITY
P.O. BOX 20
LAS CRUCES, NM 88004
88004NSJHN14MIL

June 10, 2005

Don Shainin HazMat Coordinator
Office of Emergency Services & Security
13 Bataan Blvd.
Santa Fe, NM 87508

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY

This information is submitted as required under section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of 2 chemical report(s) for our facility.

These 2 chemical report(s) are described below:

TRI Chemical or Chemical Category	Reporting Year	CAS Number	Report
Lead	2004	7439-92-1	Form R
Methyl hydrazine	2004	60-34-4	Form R

Our technical point of contact is:

RADEL BUNKER-FARRAH
(505) 524-5733
RBUNKER@WSTF.NASA.GOV

and is available should any questions or problems arise in the processing of this diskette.

If the enclosed diskette contains one or more Form R chemicals, then I hereby certify that I have reviewed the enclosed documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report(s) are accurate based on reasonable estimates using data available to the preparers of this report(s).

If the enclosed diskette contains one or more Form A chemicals, then I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the Form A statement, the annual reportable amount as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Sincerely,

for RADEL BUNKER-FARRAH
ENVIRONMENTAL PROGRAM MANAGER

Enclosure: Diskette

Form Approved OMB Number: 2070-0093
Approval Expires: 1/31/2006

(IMPORTANT: Type or print; read instructions before completing form)

EPA
United States Environmental Protection Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category or Generic Name
Lead

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P.O.Box 1513, Lanham, MD 20703-1513 2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2004

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms)
[X] NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
RADEL BUNKER-FARRAH ENVIRONMENTAL PROGRAM MANAGER		06/28/2005

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: 88004NSJHN14MIL

Facility or Establishment Name	Facility or Establishment Name or Mailing Address (if different from street address)
NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY	NASA WHITE SANDS TEST FACILITY
Street	**Mailing Address**
12600 NASA ROAD	P.O. BOX 20
City/County/State/Zip Code	**City/State/Zip Code** / **Country (Non-US**
LAS CRUCES DONA ANA NM 88012	LAS CRUCES NM 88004

4.2 This report contains information for: (Important: check a or b; check c or d if applicable)
a. [X] An entire facility b. [ ] Part of a facility c. [X] A Federal facility d. [ ] GOCO

4.3 Technical Contact Name: RADEL BUNKER-FARRAH — Telephone Number (include area code): (505) 524-5733
Email Address: RBUNKER@WSTF.NASA.GOV

4.4 Public Contact Name: RADEL BUNKER-FARRAH — Telephone Number (include area code): (505) 524-5733

4.5 SIC Code (s) (4 digits)	Primary	b.	c.	d.	e.	f.
	a. 9661					

4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
		32	30	30		106	36	30

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. NA	a. NM8800019434	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [X]	
5.2	Parent Company's Dun & Bradstreet Number	NA [X]	

Form Approved OMB Number: 2070-0093
Approval Expires: 1/31/2006

(IMPORTANT: Type or print; read instructions before completing form)

EPA FORM R

United States Environmental Protection Agency

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category or Generic Name
Methyl hydrazine

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P.O.Box 1513, Lanham, MD 20703-1513 2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2004

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms)
[X] NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
RADEL BUNKER-FARRAH ENVIRONMENTAL PROGRAM MANAGER		06/28/2005

SECTION 4. FACILITY IDENTIFICATION

4.1

Facility or Establishment Name	TRI Facility ID Number
NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY	88004NSJHN14MIL

Street	Facility or Establishment Name or Mailing Address (if different from street address)
12600 NASA ROAD	NASA WHITE SANDS TEST FACILITY

City/County/State/Zip Code	Mailing Address	City/State/Zip Code	Country (Non-US
LAS CRUCES DONA ANA NM 88012	P.O. BOX 20	LAS CRUCES NM 88004	

4.2 This report contains information for: (Important: check a or b; check c or d if applicable)
a. [X] An entire facility b. [ ] Part of a facility c. [X] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name	RADEL BUNKER-FARRAH	Telephone Number (include area code): (505) 524-5733
	Email Address	RBUNKER@WSTF.NASA.GOV	
4.4	Public Contact Name	RADEL BUNKER-FARRAH	Telephone Number (include area code): (505) 524-5733

4.5 SIC Code (s) (4 digits)	Primary	b.	c.	d.	e.	f.
	a. 9661					

4.6	Degrees	Minutes	Seconds		Degrees	Minutes	Seconds
Latitude	32	30	30	Longitude	106	36	30

4.7 Dun & Bradstreet Number(s) (9 digits)	**4.8** EPA Identification Number (RCRA I.D. No.) (12 characters)	**4.9** Facility NPDES Permit Number(s) (9 characters)	**4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. NA	a. NM8800019434	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [X]	
5.2	Parent Company's Dun & Bradstreet Number	NA [X]	

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number: [illegible]

Toxic Chemical, Category or Generic Name: Methyl hydrazine

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
60-34-4

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
Methyl hydrazine

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)
NA

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA [ ]																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	**3.2** Process the toxic chemical:	**3.3** Otherwise use the toxic chemical:
a. [ ] Produce **b.** [ ] Import		
If produce or import:	**a.** [ ] As a reactant	**a.** [ ] As a chemical processing aid
c. [ ] For on-site use/processing	**b.** [ ] As a formulation component	**b.** [ ] As a manufacturing aid
d. [ ] For sale/distribution	**c.** [ ] As an article component	**c.** [X] Ancillary or other use
e. [ ] As a byproduct	**d.** [ ] Repackaging	
f. [ ] As an impurity	**e.** [ ] As an impurity	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions: NA [ ]	A	O	
5.2	Stack or point air emissions: NA [ ]	B	O	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ]
and indicate the Part II, Section 5.3 page number in this box. [ ] **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
8 3(04 NS IH N 4MIL
Toxic Chemical, Category, or Generic Name
Methyl hydrazine

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C Surface Impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B 1	POTW Name	NA					
POTW Address							
City		State		County		Zip	
6.1.B	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] **and indicate the Part II, Section 6.1 page number in this box** [ ] **(example: 1,2,3, etc.)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	TXD055141378							
Off-Site Location Name	CLEAN HARBORS								
Off-site Address	2707 BATTLEGROUND ROAD								
City	DEER PARK	State	TX	County	Harris	Zip	77536	Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [X] No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 83004NSJHN14MIL

Toxic Chemical, Category, or Generic Name: Methyl hydrazine

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. B	1. O	1. M50
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b: 1 A03, 2 NA, 3, 4, 5, 6, 7, 8	7A.1c	7A.1d	7A.1e
A		01	98 %	Yes ☐ No X
7A.2a	7A.2b: 1, 2, 3, 4, 5, 6, 7, 8	7A.2c	7A.2d	7A.2e
			%	Yes ☐ No ☐
7A.3a	7A.3b: 1, 2, 3, 4, 5, 6, 7, 8	7A.3c	7A.3d	7A.3e
			%	Yes ☐ No ☐
7A.4a	7A.4b: 1, 2, 3, 4, 5, 6, 7, 8	7A.4c	7A.4d	7A.4e
			%	Yes ☐ No ☐
7A.5a	7A.5b: 1, 2, 3, 4, 5, 6, 7, 8	7A.5c	7A.5d	7A.5e
			%	Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐

and indicate the Part II, Section 6.2/7A page number in this box: ☐ **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
28604NSJIN14Mi
Toxic Chemical, Category, or Generic Name
Methyl hydrazine

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recyling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	225	225	220	220
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	2	268	2	300
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			1.23	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	**a.**	**b.**	**c.**
8.10.2		**a.**	**b.**	**c.**
8.10.3		**a.**	**b.**	**c.**
8.10.4		**a.**	**b.**	**c.**

8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one Box)

Yes [ ] No [X]

*For Dioxin or Dioxin-like compounds, report in grams/year

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number: [illegible]

Toxic Chemical, Category or Generic Name: Lead

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	7439-92-1
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Lead
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)
	NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA [ ]																

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import		
If produce or import:	a. [ ] As a reactant	a. [ ] As a chemical processing aid
c. [ ] For on-site use/processing	b. [ ] As a formulation component	b. [ ] As a manufacturing aid
d. [ ] For sale/distribution	c. [ ] As an article component	c. [X] Ancillary or other use
e. [ ] As a byproduct	d. [ ] Repackaging	
f. [ ] As an impurity	e. [ ] As an impurity	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	02 (Enter two-digit code from instruction package.)	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	1	O	
5.2	Stack or point air emissions	NA [X]			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ]

and indicate the Part II, Section 5.3 page number in this box. [ ] **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
8 3(04 NS IH N 4MIL
Toxic Chemical, Category, or Generic Name
Lead

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C Surface Impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal		449	M

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B 1	POTW Name	NA					
POTW Address							
City		State		County		Zip	
6.1.B	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] **and indicate the Part II, Section 6.1 page number in this box** [ ] **(example: 1,2,3, etc.)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	NA							
Off-Site Location Name	WESTERN CASTING								
Off-site Address	JACKRABBIT RUN ROAD								
City	EDGEWOOD	State	NM	County	Santa Fe	Zip	87015	Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [X] No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 83604NSJHN14MIL

Toxic Chemical, Category, or Generic Name: Lead

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 449	1. M	1. M26
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b: 1 P12, 2 NA, 3, 4, 5, 6, 7, 8	7A.1c	7A.1d	7A.1e
A		03	99 %	Yes ☐ No X
7A.2a	7A.2b: 1, 2, 3, 4, 5, 6, 7, 8	7A.2c	7A.2d	7A.2e
			%	Yes ☐ No ☐
7A.3a	7A.3b: 1, 2, 3, 4, 5, 6, 7, 8	7A.3c	7A.3d	7A.3e
			%	Yes ☐ No ☐
7A.4a	7A.4b: 1, 2, 3, 4, 5, 6, 7, 8	7A.4c	7A.4d	7A.4e
			%	Yes ☐ No ☐
7A.5a	7A.5b: 1, 2, 3, 4, 5, 6, 7, 8	7A.5c	7A.5d	7A.5e
			%	Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐

and indicate the Part II, Section 6.2/7A page number in this box: ☐ **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
08504NSJHN14Mr
Toxic Chemical, Category, or Generic Name
Lead

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recyling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	432	450	500	500
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	431	449	498	498
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			NA	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	**a.**	**b.**	**c.**
8.10.2		**a.**	**b.**	**c.**
8.10.3		**a.**	**b.**	**c.**
8.10.4		**a.**	**b.**	**c.**

8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one Box)

Yes [ ] No [X]

*For Dioxin or Dioxin-like compounds, report in grams/year

Moore, Brett

From: Davis, Timothy
Sent: Thursday, June 16, 2005 11:49 AM
To: Haas, Jon P.; Moore, Brett
Subject: Official Submittal - Suspense 7/1/05 (Toxic Release Inventory Reporting)

Jon:
Attached is the annual Toxic Release Inventory (TRI) report. The only two constituents that were released per TRI guidelines and over specific threshold reporting quantities were MMH and lead. The lead has a very low threshold quantity, and we shoot a lot of lead at the firing range, so we routinely exceed the lead threshold value and have to report every year. This report requires a certification page in hard copy along with the cover letter. Then we submit electronically by uploading using TRI-ME software from the EPA. We also send an e-copy to the State of NM Emergency Management Office in Santa Fe. I will work on getting all the e-versions organized and ready for submittal, but the PDF below is a printout of what will be uploaded for submittal. It's a standard EPA form; you just fill in the blanks. Finally, I am leaving Radel's name in the uploaded forms simply for consistency purposes. Sometimes the EPA will "kick back" your report if it has any differences (even minor ones) from one year to the next. In other words, it has an electronic "auto-checker" system and we don't want to confuse the EPA's computer.

Let me know if you have any comments/questions.
Tim

Brett: I will prepare the certification page, sign it, and bring it over. The certification page will be Enclosure 1.

Cover Letter:
<\\S4\home\wstfgrp\environ\nasaport\TRILTR2004.doc>

Enclosure (PDF for review, this will be submitted electronically using TRI-ME software and on disk as Enclosure 2):
<\\S4\home\wstfgrp\environ\nasaport\CD_Rom_Review\TRI Form R 2004.pdf>